

INSTRUCTIONS FOR COMPLETING DMC FORMS FOR NALTREXONE – ALCOHOL AND DRUG

The **EXCEL filename on the FY 2000-01 Cost Report Forms diskette for these two documents is “NAL – Alcohol and Drug”**. However, a separate worksheet has been created for each document within the file. The worksheets are “7895NAL-AD” and “7990NAL-AD”. **Do not enter information in the cells where a “0” is located; these areas will be automatically calculated.**

The first worksheet to complete is “7895NAL-AD” and then followed by “7990NAL-AD”.

Worksheet “7895NAL-AD” – Page 1

- HEADING:** Enter the County Name, Contractor, Contract Period, Date Prepared, and Medi-Cal 4-digit Provider Number, and the CADDs 6-digit Provider Number. This information will be automatically transferred to Page 2 of this worksheet as well as worksheet “7990NAL-AD”.
- LINES H and I:** For each line, enter the total amount applicable to each cost center (Private Pay, Medi-Cal and/or NNA/Public).
- LINES J1 thru J8:** Enter the total of the funding sources listed for each cost center. For county-operated programs, enter all funding sources in the appropriate line.
- LINES K thru K3:** Enter the total amounts applicable to each cost center.
- LINE L:** Enter the number of regular clients that received Naltrexone services in the applicable column.

Worksheet “7895NAL-AD” – Page 2

- EXPENSES:** For each line expense, enter the total cost to each applicable cost center. Remember, do not enter information in the cells where a “0” is located.
- INDIRECT COSTS:** Enter the Indirect Cost for each applicable cost center
- DMC ADMIN.** Under the Medi-Cal column, enter the total amount of Drug Medi-Cal County administration.

Again, the numbers you enter on Page 2 will automatically roll forward to Page 1 of this worksheet and/or worksheet “7990NAL-AD”.

Worksheet 7990NAL-AD

- LINE 04a: For the reporting period July thru September, enter the number of total units submitted for reimbursement, the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.
- LINE 04b: For the reporting period October thru June, enter the number of total units submitted for reimbursement, the number of those units that were denied, and finally, the number of those units that were adjusted or erroneously billed.
- LINE 15: In the light blue shaded area, enter the total amount of Revenue/Fees (Share of Cost).

Filename: G:\GROUPS2\WEB\InterNET\IN PROGRESS\BULLETINS\01-20\01-20 - Exhibit O - NAL-AD INSTRUCTIONS.doc